

INFORMATION MANAGEMENT REQUIREMENT/PROJECT DOCUMENT <small>For use of this form, see AR 25-1; the proponent agency is ODISC4</small>						REQUIREMENTS CONTROL SYMBOL CSIM-46	
1. FY		2. MACOM/FOA		3. CURRENT DATE (YYYYMMDD)		4. DATE REQUIRED (YYYYMMDD)	
5a. UNIT NAME AND ADDRESS				6. RS NUMBER		7. RS TITLE	
				8. PROJECT NO		9. TDA/UIC NO	
				10. REQUIREMENT <i>(Check One)</i> <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXPANSION			
5b. E-MAIL ADDRESS				11. ID NO		12. TYPE	
5b. DODAAC				13. PRIORITY			
14. POC NAME AND ADDRESS			15a. TELEPHONE NUMBER <i>(Commercial/DSN)</i>		a. INSTALLATION		b. MACOM
14a. E-MAIL ADDRESS			15b. FAX NO.		16. LOCATION OF EQUIPMENT		
17. IMA DISCIPLINE AND MAJOR PROGRAM INVOLVED a. <input type="checkbox"/> AUTOMATION <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> PUBLISHING <input type="checkbox"/> VISUAL <input type="checkbox"/> RECORDS MANAGEMENT <input type="checkbox"/> LIBRARIES b. MAJOR PROGRAM:							
19. AMOUNT OF FUNDS <i>(Enter figure in appropriate box(es))</i>			OMA	OPA	MCA	RDT&E	OTHER
a. Nonrecurring/one-time costs							
b. Annual recurring/operating/support costs							
c. Number of years needed							
d. TOTAL DOLLARS REQUIRED							
20. SECURITY REQUIREMENTS							
21. SPECIFIC SERVICE REQUIREMENT(s)							
22. DESCRIPTION OF EQUIPMENT AND NUMBER UNITS REQUIRED <i>(If more space is needed, attach sheet with item number indicated.)</i>							
23. FUNCTION TO BE PERFORMED <i>(If more space is needed, attach sheet with item number indicated.)</i>							
24. INTEROPERABILITY REQUIRED <i>(If more space is needed, attach sheet with item number indicated.)</i>							

25. MISSION/PROJECTED SUPPORTED *(If more space is needed, attach sheet with item number indicated.)*

26. PROJECTED UTILIZATION FACTORS *(If more space is needed, attach sheet with item number indicated.)*

27. COST SAVINGS/AVOIDANCE *(If more space is needed, attach sheet with item number indicated.)*

28. MAINTENANCE ☐ a. IN-HOUSE ☐ b. INTERSERVICE SUPPORT AGREEMENT *(Specify)*

c. ANNUAL COST d. CONTRACT NUMBER e. OTHER MAINTENANCE SOURCE *(Specify)*

29. IMPACT IF NOT RECEIVED/ADVANTAGES *(If more space is needed, attach sheet with item number indicated.)*

30. ITEMS TO BE REPLACED/DISPOSED OF

a. EQUIPMENT DESCRIPTION

b. CONDITION

c. MANUFACTURER/MODEL/SERIAL NO

31. APPROVING AUTHORITY

a. TYPED NAME, GRADE OR TITLE

b. TELEPHONE
(Comm/DSN)

c. SIGNATURE